CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OTHER THAN TYPE CON OR SMALL ENTITY			
TOTAL CLAIM	9	(Column 1			RATE FE		FATE	FEE.
TOTAL CLAIM	<u> </u>	NUMBEŘ FI	ED NUMBER	EXTRA	BASIC FEE 875	OO OAB	asic fee 7	50.00
FOR		- 16		15		- Table 1	X\$18= 2	10h
	EABLE CLAIMS		us:3 = 4		X425		X84=-	336 - No
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· · · · · · · · · · · · · · · · · · ·	ENDENT CLAIM P				+140#		<b>4280</b> ≟	201
* If the differen	ce in column 1 is	less than zer	ro, enter °0" in co	lumn 2 🖁	TOTAL	, jon	TOTAL /_	
MANIAL	CLAIMS AS A	MENDED	- PART II	20-1	SMALL ENT	TY OR	OTHER TI SMALL EN	
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U independ	ent • 7	Minús.	****		X42=	ØR	,X84=	
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